

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

08/477147

DATE

APPLICATION NO.

CLAIMS

	AS FILED :		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1					
TOTAL DEP.	21					
TOTAL CLAIMS	22					

	AS FILED :		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO. 08/477147 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
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148							198						
149							199						
150							200						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS